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The 1952 Outbreak of Encephalitis in California

Differential Diagnosis

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THE PURPOSE OF THIS PAPER is to present the clinical characteristics of the arthropod-borne encephalitides as observed during the 1952 outbreak in the Central Valley of California. The objective is to set forth the salient clinical features of the so-called "typical case" and to point out the features less commonly associated with this disease. The problems in the differential diagnosis have been commented on by others.^{2, 5, 9, 10, 18, 19}

The analysis of clinical material is based on 792 reported cases of acute infectious encephalitis for the period June to October, 1952. Particular attention is given to 386 laboratory confirmed cases of arthropod-borne encephalitis on which adequate clinical information was available for analysis. Of the 386 cases in which the etiologic factor was determined and there were adequate clinical data, 348 were caused by western equine virus and 38 by St. Louis virus.

The serological tests and viral isolations were performed by the Viral and Rickettsial Disease Laboratory of the California State Department of Public Health. The etiologic factor was considered established when significant rises in titers of either complement-fixing or neutralizing antibody or both,

From the Bureau of Acute Communicable Diseases, California State Department of Public Health, Berkeley. (Dr. Shinefield participated by special assignment from the Epidemiology Section, Communicable Disease Center, Public Health Service, U. S. Department of Health, Education and Welfare, Atlanta, Georgia.)

Part of the Symposium on Encephalitis presented by the Section on Public Health at the 82nd Annual Session of the California Medical Association, Los Angeles, May 24-28, 1953.

• *Clinical data adequate for analysis were available in 386 laboratory-confirmed cases of arthropod-borne encephalitis — 38 St. Louis and 348 western equine. Consistently observed symptoms varied with the age of the patient. Symptoms that occurred in a high proportion of patients in each age group were:*

Less than one year of age: Fever and convulsions. (None had the St. Louis disease.)

One through four years: Fever, headache, vomiting, drowsiness, irritability, restlessness, nuchal rigidity, tremor, and sometimes convulsions.

Five through fourteen years: Headache, fever, and drowsiness. Sometimes the disease progressed no further, but if it did, nausea, vomiting, muscular pain, photophobia and limitation of neck and back flexion often were noted; and sometimes convulsions and intention tremors.

Fifteen years and older: Drowsiness, lethargy, malaise, fever, stiffness at the back of the neck and, almost always, severe intractable occipital headache associated with nausea, disturbance of vision, photophobia and vertigo.

The extreme difficulty of differential diagnosis on the basis of clinical observation was indicated by the wide range of diagnoses made in these cases before the invading organism was identified by laboratory studies.

EDITORIAL

Unlawful Practice

PHYSICIANS IN CALIFORNIA have wondered for years why certain actions by unlicensed persons, which in their opinion constitute the unlawful practice of medicine, are not stopped. They often see various treatments and "cures" offered by persons whose training is at best dubious, and sometimes they are appalled by more grandiose medical care schemes established and operated by others than licensed physicians. Why can't this sort of thing be nipped in the bud and a fraud on the public prevented?

The answer, of course, lies in the legal statutes of the state and their interpretation by the courts.

The practice of medicine is defined in the Business and Professions Code of California and is limited in that code to those who are regularly licensed under other sections of the same body of law. Those who attempt to practice medicine without coming under the provisions of the Business and Professions Code are in actual violation of the law.

Such violations often come about when a person who is licensed to practice only a profession bearing faintest kinship to medicine attempts to work beyond the legal boundaries set up under the form of license he holds. And sometimes persons with no claim to training or licensure of any type, possibly professing to have "an old Indian secret," undertake—for a fee, of course—to treat human ailments.

More recently, violations of the medical practice act have come about through corporations which hold themselves out to the public as providing a medical care service through a closed panel of physicians who are regularly licensed. This form of corporate endeavor has been before the California courts on several occasions and the courts have consistently held that medicine, like law, may be legally practiced only by those who are regularly licensed. Several insurance companies have run afoul of this provision over the past twenty years

and have been forced to discontinue supplying the services of a physician through an insurance policy.

A corporation transgressing the medical practice laws generally comes under the purview of one or another department of the state government and is brought to book by that department. On the other hand, an individual, licensed or not, may not be prosecuted unless the district attorney agrees to press the case. As might be expected, many district attorneys have passed over violations which to medical men are obvious but which, in the legal eye, may present undue difficulty of proof or may at the most constitute a nuisance of the misdemeanor variety.

New possibilities for prosecuting alleged violations of the medical practice act will be opened up next month, when a law passed by the 1953 State Legislature goes into effect. This law provides that ten or more licentiates of the Board of Medical Examiners may seek a court injunction to investigate and prohibit the unlawful practice of medicine. Superseding a local court decision which held that the right to seek injunctive relief lay only in the hands of the Board of Medical Examiners, this new law permits a group of physicians, acting under adequate legal safeguards to the accused, to bring injunction proceedings where, in their opinion, the practice of medicine is being undertaken illegally.

Now, for the first time, the medical profession will not be completely dependent on the examining board or on district attorneys to seek to abate unlawful practice. In cases where the elected or appointed officials are too busy or are for other reason reluctant to eliminate nefarious practices, a group of physicians may step into the picture and seek court relief.

The California Medical Association has been quick to provide for the use of this legal remedy. The Council has appointed a Committee on the Un-

California MEDICAL ASSOCIATION

NOTICES & REPORTS

C. M. A. House of Delegates Proceedings

Los Angeles, May 24-28, 1953

Sunday Morning Session

The Eighty-second Annual Session of the California Medical Association convened in the Renaissance Room of the Biltmore Hotel, Los Angeles, California, Sunday, May 24, 1953, at 9:50 o'clock a.m. The meeting was called to order by Speaker Donald A. Charnock, who presided.

SPEAKER CHARNOCK: Will the House of Delegates of the Eighty-second Annual Session of the California Medical Association please be in order.

The first order of business is the report of the Committee on Credentials and Organization of the House of Delegates, Dr. Hoffman.

DR. HOFFMAN: Mr. Speaker, a quorum is seated.

As chairman of your committee, I move that the visual roll call as seen at the entrance of this room be accepted as the roll call for this Sunday's session.

SPEAKER CHARNOCK: Is there a second to that?

DR. DONALD CASS: I second the motion.

...The motion was put to a vote and it was carried...

SPEAKER CHARNOCK: We are in session.

I first want to announce the committees.

Credentials Committee: Eugene Hoffman, Los Angeles, chairman; Louis P. Armanino, San Joaquin; Joseph W. Telford, San Diego.

Reference Committee No. 1—Reports of Officers, the Council and Standing and Special Committees: J. W. Moore, Ventura, chairman; James B. Graeser, Alameda; Ralph Teall, Sacramento.

Reference Committee No. 2—Reports of the Secretary, Treasurer, and Executive Secretary, Consideration of the 1953-54 budget, and 1954 annual dues: Robertson Ward, San Francisco, chairman; John E. Vaughan, Kern; Thomas P. Hill, Mendocino.

Reference Committee No. 3—Resolutions and New Business, exclusive of Amendments to the Constitution and By-Laws: E. C. Rosenow, Jr., Los An-

geles, chairman; Helen B. Weyrauch, San Francisco; Carl M. Hadley, San Bernardino.

Reference Committee No. 4—Amendments to the Constitution and By-Laws: Albert G. Miller, San Mateo, chairman; Thomas A. LeValley, Los Angeles; Dorothy Allen, Alameda.

C.P.S. Reference Committee, Resolutions, et cetera, relative to California Physicians' Service: Thomas N. Foster, Santa Clara County, Santa Clara, chairman; A. Norman Donaldson, Orange; Paul D. Foster, Los Angeles.

If there is no objection from the House, these reference committees will stand as read.

Hearing no objection, they are as read.

The next order of business is an address by our President, Lewis A. Alesen. (Standing applause.)

DR. ALESEN: Mr. Speaker, Members of the House of Delegates: The most important, the most efficient speech ever made was, "I thank you."

We shall now proceed to the awarding of the 50-Year Pins.

JOHN W. GREEN, M.D. President
ARLO A. MORRISON, M.D. President-Elect
DONALD A. CHARNOCK, M.D. Speaker
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